

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/61881.3 FILING DATE 7.18.00
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12	1	1					62						
13	1	1					63						
14		14					64						
15		14					65						
16		14					66						
17		14					67						
18		14					68						
19		14					69						
20	1	1					70						
21	1	1					71						
22	1	1					72						
23		1					73						
24		1					74						
25		1					75						
26	1	1					76						
27		1					77						
28	1	1					78						
29		1					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	87						TOTAL DEP.						
TOTAL CLAIMS	94						TOTAL CLAIMS						

BEST AVAILABLE COPY